

Members of the Council and guests;

I am Dr. Linda Samson, Dean of the College of Health & Human Services and Interim Vice Provost for Research & Graduate Studies at Governors State University. I would like to thank you for the opportunity to address this group in response to today's agenda. I was asked specifically to discuss Governors State's Department of Labor Health Sector Workforce Development Grant and will do so in the context of your four topics for today's meeting.

On March 1, 2010, GSU was awarded a \$4.99 million dollar grant from the US Department of Labor to address health care workforce needs particularly in the south suburbs of Chicago, including communities in Will, Kankakee, and southern Cook counties.

As you are all probably aware the per capita income in the south metropolitan area of Chicago is the lowest in the region. The area has also suffered disproportionately from job loss and has a higher than the regional average unemployment rate. GSU was able to partner with eight other community agencies including Southland Health Careers, SouthStar Disability Services, CAAN Academy of Nursing, Robert Morris University, the YWCA, ProActive Community Services, the South Metropolitan Higher Education Consortium, and the Healthcare Consortium of Illinois to deliver health careers training and education to dislocated and unemployed workers in the region. The program also

provides counseling through GSU's graduate counseling program and child care through our Family Development Center. One key component that has been central to this project is our desire to effectively move individuals from entry level training that often leads to low end salaries through career ladders to higher paying jobs and professions.

We have committed to the Department of Labor the training of 1000 individuals over the three year project and placement of at least 500 new workers over that same time frame. It is interesting to note that during the first three months, a large number of program participants were displaced workers holding MBAs – illustrating the positive outlook of employment in healthcare.

We have learned several important lessons from our early experience. The first lesson is that many of the displaced workers are not seeking entry level positions as a stopping place—they want to earn a reasonable living, not just one that barely supports them above unemployment levels. That is why the ability to move individuals from certificates through associate degrees, baccalaureate degrees, and even graduate education, is important to meeting Illinois' health workforce needs and the needs of our workers. Four year educational institutions must play a role in preparing individuals for the healthcare workforce—it is not something that can be done solely by the community colleges and the associated workforce development centers.

The second lesson from our first five graduates to be employed: there is a critical need to put individuals with disabilities and returning veterans to work. At the present time, there is a limited amount of service support and focused training available for these individuals. Our partnership with SouthStar Services has been instrumental in addressing this need—even if only in a limited way. Most of the SouthStar training participants have complex needs including housing, transportation, and counseling services. The holistic services we have been able to provide make a difference. And in Illinois, where mental health services have been decimated in the recent economic downturn, the comprehensive services are difficult to find. That is one of the reasons that our collaboration is so essential to this project.

It is also one of the reasons that we chose not to provide services to the chronically unemployed. This group—while they might be productive members of society with the right support mechanisms—suffer from “under education” where they often do not have the basic skills to perform in post high school venues. They also have complex needs for housing, remediation, and child care, and require a vast array of social services supports. In addition, many do not understand the demands of training or working--on time expectations, no absences, and similar issues.

The lesson for this Council is that not everyone is suited to a role in the health care workforce regardless of the need for new workers. Many members of the workforce provide challenges for those helping to educate them, and often do not have the critical thinking and communication capacity for the highly sophisticated health care jobs that are emerging.

That brings me to my comments about the need for a highly skilled healthcare workforce. Future healthcare jobs will require significant post high school education and many will require post-baccalaureate competencies. The demands for a well educated workforce are already being seen in hospitals that are a part of the Magnet program—where employers are choosing to hire those with baccalaureate degrees over those who may possess the skill to do the job but with less education. Through our educational system, we must foster those returning to school—valuing the skills they already possess, while helping them move to another level of professional competence. To do that requires partnerships between the health care industry and the educational system. It is a challenging task given competition for scarce resources and time. Together, we must make the best use of educational technology to make education fit with the competing priorities of home, family, and employer, and foster a commitment to building knowledge and skills without unnecessary duplication of prior learning.

The demand for health care sector jobs is growing—according to the Bureau of Labor Statistics – the health care sector is one of the strongest growth areas by percent increase and number of new and replacement jobs anticipated. However, we have a mismatch in many ways—urban centers with a larger pool of qualified employees may not have job vacancies and may even be laying off staff. At the same time, rural and underserved communities can't hire enough staff because of the geography and their inability to pay competitive wages.

We also continue to have a serious mismatch in the make-up of the health care workforce—one that does not match the demographics of the population we serve. Governors State has long been committed to helping to shift that trend by participating in efforts to diversify the workforce. Although Health Care Reform offers an opportunity to provide access, that access must be culturally and linguistically matched to the needs of the community---and in many cases that means having health care workers who are viewed by clients as “looking like me”. We must continue to build diversity in all of our health careers.

Finally, the education system is just now beginning to address President Obama's call for a workforce training effort where individuals can “layer credentials” together to create new skills and eventually get higher degrees. Credential layering is one of the fundamental premises underpinning the training for the health information exchanges, electronic health records and the personal

health record. Yet there is currently not a structure in place that allows the transformation of these “task credentials” into degrees. We must also work to answer fundamental questions related to how we create both a trained workforce and one that is educated with strong communication skills, excellent interpersonal skills, critical thinking, and problem solving skills. These skills are integral to allowing new healthcare workers to anticipate client needs, effectively advocate for consumers, and improve quality and years of life.

We have taken the first steps in the right direction and I am confident that, together, we can address future challenges. Thank you for allowing me this opportunity to address you.